

INDEPENDENT LIVING MENTOR AGREEMENT

I, _____ (mentor printed name), agree that:

- a. I will be committing myself to a six-month term as a Mentor for _____ (name of young adult), a young adult working toward self-sufficiency.
- b. My term of service to this young adult will begin on _____ (date) and end on _____ (date).
- c. I will complete a Mentor Application initially, which will be maintained in a separate mentor file in the Regional Independent Living Program office. I agree to notify the DCF Independent Living Coordinator (ILC) of any information changes on the Mentor Application.
- d. I hereby give my consent to screening through background checks and law enforcement records of the State of Kansas Registry for Child Abuse and Neglect and Kansas Bureau of Investigation. The results of all security checks will be maintained, confidentially, in the mentor file.
- e. I will receive a copy of the young adult's Independent Living Subsidy Payment Unit Notification PPS 7210.
- f. I may, contingent upon the young adult's situation, receive the Subsidy payment for the young adult, each month and assist the young adult in utilizing these funds for the purpose of making monthly payments toward appropriate bills or financial commitments.
- g. I will advise the young adult in money management and assist the young adult in maintaining a monthly budget and financial records of bills and payments. I will provide the DCF ILC with copies of these records upon request.
- h. I will meet with the young adult whom I serve as stated in the Self-Sufficiency Plan PPS 7000 and will document my contacts with the young adult on the Independent Living Monthly Mentor Report PPS 7215. I will provide the DCF ILC with the completed Mentor Report each month.
- i. I will monitor the young adult's school and/or work attendance and performance.
- j. Any information known about the young adult is confidential and I am not allowed to discuss the information with anyone other than the DCF ILC, DCF social worker or

designated staff person. Violation of the young adult’s confidentiality is grounds for termination of the mentor / mentee relationship. I understand that violation of consumer confidentiality as described will be subject to DCF, State, and Federal regulation.

- k. Young adults are entitled to access most information contained in their case records at any time. I will not write anything in a record that I don’t want the young adult to see.
- l. In this volunteer capacity for the agency, I will not be covered for personal injury or personal liability through the Kansas Department for Children and Families.
- m. As a mentor for a young adult, I may receive a \$50.00 monthly stipend to assist with incurred expenses, contingent upon available DCF Regional funds. Mentor stipends are considered reportable income. To receive the stipend, I will have completed the W-9 Request for Taxpayer Identification Number and Certification, which will be maintained in the mentor file. I will notify the DCF ILC or designated staff of any changes in my address or name. Failure to submit the Independent Living Monthly Mentor Report PPS 7215 will result in monthly stipend suspension.

I have read and do hereby state that I understand each of these statements. I hereby agree to comply with this statement as written.

SIGNATURE OF MENTOR: _____ DATE: _____

SIGNATURE OF ILC: _____ DATE: _____

